

Maryland MOLST Trainer Registration

You have successfully completed the seven-hour Maryland MOLST Train the Trainer program and now have the necessary knowledge and tools to train others about the health care decision making process and the Maryland MOLST form. In order to track your training activities, please complete this trainer registration form. After each training activity, please submit a Training Activity Form so that we can track who has received training and who needs to be trained. Training Activity Forms and Sign-In Sheets can be downloaded at:

<http://dhmh.maryland.gov/marylandmolst/>

First Name _____

Last Name _____

Organization _____

Phone Number _____

Email address _____

Date that you completed the Maryland MOLST Train the Trainer _____